



ANNUAL RENEWAL APPLICATION

(middle) (last) (first)

Name:

Check one: Annual AIHC Membership

Credential(s)/Annual AIHC Membership

Renewal Due Date:

Credential(s) Renewing, if applicable:

Email:

Employer Name & Address:

Home Address:

Work Telephone:

Ext.

Work Fax:

Home Telephone:

Cell Phone:

Credit card payments can be phoned in to: 330-241-5635
or faxed to: 330-952-0716

Please check the applicable credit card: [] VISA [] Discover [] MasterCard **Approve: \$150**

Card Number: _____ Exp. Date: _____

Name on the Card: _____

Credit Card Billing Address: _____

Card Verification # (Three numbers on back of card): _____

Signature of Authorized User: _____

Amount Approved on Credit Card: \$ _____

Payment Information: **\$150** annual membership check # _____

Please make **checks payable** to AIHC and mail to
AIHC, 3637 Medina Road, Suite 15, Medina, Ohio 44256

For information or questions, please call:

330-241-5635